



DEPARTMENT OF THE NAVY
NAVAL RESERVE OFFICERS TRAINING CORPS
UNIVERSITY OF SAN DIEGO/SAN DIEGO STATE UNIVERSITY
5998 ALCALA PARK
SAN DIEGO, CALIFORNIA 92110-2496

1533

Ser00/ 0196

SEP 10 1998

FIRST ENDORSEMENT on Staff Sergeant

ltr dtd 1 Sept 98

From: Commanding Officer, NROTC Unit USD/SDSU

To: Commanding General, Marine Corps Recruiting Command (ON)

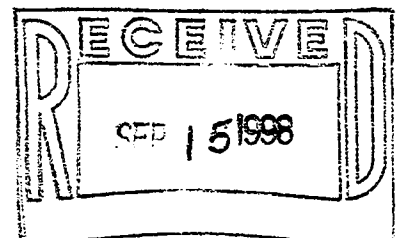
Subj: REQUEST FOR AVIATION GUARANTEE

Encl: (6) Information Sheet

(7) Photograph

1. Forwarded, recommending approval.


L. B. SINGLETON



1 Sept 98

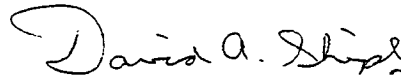
From: Staff Sergeant USMC
To: Commanding General, Marine Corps Recruiting Command (ON)
Via: Commanding Officer, NROTC Unit University of San Diego/
San Diego State University

Subj: REQUEST FOR AVIATION GUARANTEE

Ref: (a) NAM, CNET P1533/3

Encl: (1) Student Naval Aviator Training Agreement
(2) NAMI approved flight physical
(3) Anthropometric Data
(4) Statement on wearing Contact Lenses
(5) Current ASTB scores, date of test, and swim qualification

1. In accordance with reference (a), I am requesting a guaranteed assignment as a student naval aviator upon commissioning.


David A Shipley

STUDENT NAVAL AVIATOR (MARINE) TRAINING AGREEMENT

From:

1. I understand that, should my request for guarantee of assignment to aviation training be approved, I will be commissioned with Military Occupational Specialty 7599 (Flight Student), and that I am guaranteed assignment to aviation training upon successful completion of The Basic School, provided I am physically qualified for such assignment at that time.
2. I agree not to tender my resignation for **ninety-six months** from the date of my designation as a naval aviator if trained to fly fixed wing aircraft or for **seventy-two months** from the date of my designation as a naval aviator if trained to fly any other type of aircraft. I understand that any resignation submitted prior to completion of that minimum period will normally be rejected.
3. I further agree that in the event I am separated from flight training as a result of flight failure, practical work failure, or physical disqualification, I will serve on active duty in a commissioned status for a period of **four years from the date initially assigned to active duty as a commissioned officer.**
4. I further agree that in the event I am separated from flight training as a result of my own request or by reason of academic failure, I will serve on active duty in a commissioned status for a period of **four years from the date initially assigned to active duty as a commissioned officer, plus an extension of active duty as a commissioned officer, plus an extension of active service equal to the time spent in flight training.**

Full Signature/Date

ENCLOSURE (1)

STUDENT NAVAL FLIGHT OFFICER (MARINE) TRAINING AGREEMENT

From:

1. I understand that, should my request for guarantee of assignment to aviation training be approved, I will be commissioned with Military Occupational Specialty 7580 (Student Naval Flight Officer), and that I am guaranteed assignment to aviation training upon successful completion of the Basic School, provided I am physically qualified for such assignment as that time.
 2. I agree not to tender my resignation for seventy-two months from the date of my designation as a naval flight officer. I understand that my resignation submitted prior to completion of that minimum period will normally be rejected.
-
3. I further agree that in the event I am separated from flight training as a result of flight failure, practical work failure, or physical disqualification, I will serve on active duty in a commissioned status for a period of four years from the date initially assigned to active duty as a commissioned officer.
 4. I further agree that in the event I am separated from flight training as a result of my own request or by reason of academic failure, I will serve on active duty in a commissioned status for a period of four years from the date initially assigned to active duty as a commissioned officer, plus an extension of active service equal to the time spent in flight training.

MIDN, USMCR

ENCLOSURE(1)

Standard Form 88

Revised April 1968

General Services Administration

MCO 25 MAR 97

Interagency Comm. on Medical Records

FPMR 101-11.809-3 Exception to SF 88

approved by GSA and ICMR, September 1976

REPORT OF MEDICAL EXAMINATION

NET

1. LAST NAME-FIRST NAME-MIDDLE NAME		2. GRADE AND COMPONENT OR POSITION SGT/E5/USMC		3. IDENTIFICATION NO 6333
4. HOME ADDRESS (Number, street P.O., city or town, State and ZIP Code) 12323 CALLE ALBARA #3 EL CAJON, CA 92019		5. PURPOSE OF EXAMINATION SNA APPLICANT		6. DATE OF EXAMINATION 5 MAR 97
7. SEX MALE	8. RACE CAUCASIAN	9. TOTAL YEARS GOVERNMENT SERVICE MILITARY 5Y 0M USMC CIVILIAN	10. AGENCY UIC M87272 UNIVERSITY / SAN DIEGO NRO	
11. ORGANIZATION UNIT	12. DATE OF BIRTH (24) 5 DEC 72			
13. PLACE OF BIRTH SAN DIEGO, CA		14. NAME, RELATIONSHIP, AND ADDRESS OF NEXT OF KIN MICHELLE (WIFE) SAME AS #4		
15. EXAMINING FACILITY OR EXAMINER, AND ADDRESS NAVRMEDCLINIC NAS MIRAMAR 32547		16. OTHER INFORMATION LDS		
17. RATING OR SPECIALTY AOD: AAA		TIME IN THIS CAPACITY (Total) 0 0		LAST SIX MONTHS 0 0

CLINICAL EVALUATION

NORMAL	(Check each item in appropriate column; enter "NE" if not evaluated)	ABNORMAL
X	18. HEAD, FACE, NECK AND SCALP	
X	19. NOSE	
X	20. SINUSES	
X	21. MOUTH AND THROAT	
X	22. EARS-GENERAL (Int. & ext. canals) (Auditory acuity under items 70 and 71)	
X	23. DRUMS (Perforation)	
X	24. EYES-GENERAL (Visual acuity and refraction; items 59, 60 and 67)	
X	25. OPHTHALMOSCOPY	
X	26. PUPILS (Equality and reaction)	
X	27. OCULAR MOTILITY (Associated muscle movements; nystagmus)	
X	28. LUNGS AND CHEST (Chest signs)	
X	29. HEART (Thrust, rhythm, sounds)	
X	30. VASCULAR SYSTEM (Carotids, etc.)	
X	31. ABDOMEN AND VISCERA (Include rectum)	
X	32. ANUS AND RECTUM (Hemorrhoids, fissure; Prostate; etc.)	
X	33. ENDOCRINE SYSTEM	
X	34. G-U SYSTEM	
X	35. UPPER EXTREMITIES (Strength, range of motion)	
X	36. FEET	
X	37. LOWER EXTREMITIES (Excl. feet) (Strength, range of motion)	
X	38. SPINE, OTHER MUSCULOSKELETAL	
	39. IDENTIFYING BODY MARKS, SCARS, TATTOOS	X
X	40. SKIN, LYMPHATICS	
X	41. NEUROLOGIC (Equilibrium tests under item 72)	
X	42. PSYCHIATRIC (Specify any personality deviation)	
N/E	43. PELVIC (Females only; (Check how done) <input type="checkbox"/> VAGINAL <input type="checkbox"/> RECTAL	

NOTES: (Describe every abnormality in detail. Enter pertinent item number before each comment. Continue in item 73 and use additional sheets if necessary.)

AA : FAVORABLE
 SBT : STEADY
 VALSALVA: NORMAL BILATERALLY
 SLIT LAMP: 5 MAR 97 WNL WITHOUT DYE
 #32 RECTAL: WNL BY INSPECTION
 #39: MARKS AND SCARS
 SCAR, APPENDECTOMY
 CIRC.

BUREAU OF MEDICINE AND SURGERY
 JAN 14 1998
 APPLICANT MEETS PHYSICAL
 STANDARDS FOR APPOINTMENT
 TO COMMISSIONED RANK

J. A. BLACK
 By direction

(Continue in item 73)

44. DENTAL (Place appropriate symbols, shown in examples, above or below number of upper and lower teeth.)

0		1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17	
1	2	3	Restorable	1	2	3	Non-restorable	1	2	3	Missing	1	2	3	Replaced	1	2	3	Fixed	1	2	3	Partial	1	2	3	Fixed	1	2	3	Partial	1	2	3	
X																																			
32	31	30		32	31	30		32	31	30		32	31	30		32	31	30		32	31	30		32	31	30		32	31	30		32	31	30	

REMARKS AND ADDITIONAL DENTAL DEFECTS AND DISEASES

TYPE II QUAL
 CLASS II

5 MAR 97

LABORATORY FINDINGS

45. URINALYSIS: A SPECIFIC GRAVITY 1.005		46. CHEST X-RAYS (Place, date, film number and result) NUMBER: 9618 NAVRMEDCLINIC NAS MIRAMAR NORMAL 5 MAR 97	
B. ALBUMIN NEG	D. MICROSCOPIC ESS NEG	50. OTHER TESTS HIV NEG 5 MAR 97 FBS 91 CHOL 140TRIG 53 HDL 54 LDL 75HCT 41.	
C. SUGAR NEG	48. EKG 5 MAR 97 NSR	49. BLOOD TYPE AND RH FACTOR O POS	51. SCKL NEG
47. SEROLOGY (Specify test used and result) RPR NONREACTIVE 5 MAR 97		52. G6PD POSITIVE/NORMAL	

ENCLOSURE(2)

RIJ. 44.7 BKL 24.4 FR 32.9 SH 38.3 ANTHRO CODE 5134

MEASUREMENTS AND OTHER FINDINGS

51. HEIGHT 72.0 (182.9cm)	52. WEIGHT 165 (74.3Kg)	53. COLOR HAIR BROWN	54. COLOR EYES HAZEL	55. BUILD <input type="checkbox"/> SLENDER <input checked="" type="checkbox"/> MEDIUM <input type="checkbox"/> HEAVY <input type="checkbox"/> OBSE	56. TEMPERATURE 98.4 (37.2)
57. BLOOD PRESSURE (Arm at heart level)			58. PULSE (Arm at heart level)		
A SITTING SYS DIA	B RECUM-BENT SYS DIA	C STANDING (3 min) SYS DIA	A SITTING SYS DIA	B AFTER EXERCISE SYS DIA	C 2 MIN AFTER SYS DIA
126 88	118 86	118 86	118 86	118 86	118 86
59. GOODLIGHT DISTANT VISION			60. 5 MAR 97 REFRACTION CYCLOPLEGIC		
RIGHT 20/	20	CORR. TO 20/	20	BY + 0.75 S	SPHERE CX
LEFT 20/	20	CORR. TO 20/	20	BY + 0.75 S	SPHERE CX
62. HETEROPHORIA (Specify distance)			61. NEAR VISION		
			60 64		

ES' 0.0	EX' 1.0	R.H. 0.5	L.H. 0.0	PRISM DIV. CT	PC 60	PD
63. ACCOMODATION		64. COLOR VISION (Test used and result)		65. DEPTH PERCEPTION (Test used and score)		66. FIELD OF VISION
RIGHT LEFT		FALANT PASS 9/9		VERHOEFF PASS		67. NIGHT VISION (Test used and score)
FULL		NIBH		NON-CONTACT mm		68. RED LENS TEST
69. INTRACULAR TENSION		70. HEARING		71. AUDIOMETER - ANST		72. PSYCHOLOGICAL AND PSYCHOMOTOR (Tests used and score)
OD 17.0 OS 18.0		RIGHT WV /15 SV /15		250 256 500 512 1000 1024 2000 2048 3000 2896 4000 4096 6000 6144 8000 8192		RAT PASS
		LEFT WV /15 SV /15		RIGHT XX 05-05 -05 05 10 10 XX		
				LEFT XX 05 00 -05 05 15 05 XX		

73. NOTES (Continued) AND SIGNIFICANT OR INTERVAL HISTORY

BVE 100% UNCORRECTED

MANIFEST 5 MAR 97
OD + 0.75 SPHERE
OS + 0.75 SPHERE

NSIH

BUREAU OF MEDICINE AND SURGERY

IS PHYSICALLY QUALIFIED AND AERO-
NAUTICALLY ADAPTED FOR DUTY IN-
VOLVING ACTUAL CONTROL OF AIRCRAFT
AS STUDENT NAVAL AVIATOR.

THIS PHYSICAL REVIEWED FOR COMPLETENESS
AND ACCURACY BY

M. C. OTIS, HM3(DV) USN 2 (Use additional sheets if necessary)

74. SUMMARY OF DEFECTS AND DIAGNOSES (List diagnoses with item numbers)

#39. M/S-NCD.

J.R. GARNESON
J.A. BLACK
By direction

EKG ICDA CODES
G700

75. RECOMMENDATIONS-FURTHER SPECIALIST EXAMINATIONS INDICATED (Specify)

76. A PHYSICAL PROFILE					
P	U	L	H	E	S

77. EXAMINEE (Check) PQ/AA DIACA SNA. PQ TO PERFORM DUTIES OF RANK/RATE AT SEA AND
ON FOREIGN SERVICE.
A. ☒ IS QUALIFIED FOR
B. ☐ IS NOT QUALIFIED FOR

78. IF NOT QUALIFIED, LIST DISQUALIFYING DEFECTS BY ITEM NUMBER

A	B	C	E

79. TYPED OR PRINTED NAME OF PHYSICIAN

M. H. RYAN, LT/MC(FS)/USNR

SIGNATURE

SIGNATURE

81. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)

G. A. MADISON, DDS

SIGNATURE

SIGNATURE

82. TYPED OR PRINTED NAME OF REVIEWING OFFICER OR AUTHORITY

D. R. SALLEE, LCDR/MC(FS)/USNR

SIGNATURE

NUMBER OF ATTACHED SHEETS

SGT/E5/USMC
UIC M87272 UNIVERSI / SAN DIEGO NROTC

☆ U.S. GOVERNMENT PRINTING OFFICE: 1980-335-021
5 MAR 97 MCO

REPORT OF MEDICAL HISTORY <small>(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)</small>									
1. LAST NAME—FIRST NAME—MIDDLE NAME					2. SOCIAL SECURITY OR IDENTIFICATION NO.				
3. HOME ADDRESS (No. street or RFD, city or town, State, and ZIP CODE) 12323 CALLE ALBARA #3 EL CAJON, CA 92019					4. POSITION (title, grade, component) SGT / E-5 / USMC				
5. PURPOSE OF EXAMINATION SNA CANDIDATE			6. DATE OF EXAMINATION 970305		7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS (Include ZIP Code)				
8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED (Follow by description of past history, if complaint exists) A. <u>Excellent</u> HEALTH B. MEDS: None									
9. HAVE YOU EVER (Please check each item)					10. DO YOU (Please check each item)				
YES	NO	(Check each item)			YES	NO	(Check each item)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lived with anyone who had tuberculosis			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wear glasses or contact lenses		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Coughed up blood			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have vision in both eyes		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bled excessively after injury or tooth extraction			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wear a hearing aid		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Attempted suicide			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Stutter or stammer habitually		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Been a sleepwalker			<input type="checkbox"/>	<input checked="" type="checkbox"/>	Wear a brace or back support		
11. HAVE YOU EVER HAD OR HAVE YOU NOW (Please check at left of each item)									
YES	NO	DON'T KNOW	(Check each item)		YES	NO	DON'T KNOW	(Check each item)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet fever, erysipelas		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"Trick" or locked knee	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic fever		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Foot trouble	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swollen or painful joints		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Neuritis	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frequent or severe headache		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Paralysis (include infantile)	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dizziness or fainting spells		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Epilepsy or fits	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eye trouble		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Car, train, sea or air sickness	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ear, nose, or throat trouble		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Frequent trouble sleeping	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing loss		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Depression or excessive worry	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic or frequent colds		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Loss of memory or amnesia	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe tooth or gum trouble		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nervous trouble of any sort	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sinusitis		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Periods of unconsciousness	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head injury		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin diseases		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thyroid trouble		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asthma		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of breath		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pain or pressure in chest		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chronic cough		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpitation or pounding heart		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart trouble		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High or low blood pressure		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. WHAT IS YOUR USUAL OCCUPATION? MECEP STUDENT					14. ARE YOU (Check one) <input checked="" type="checkbox"/> Right handed <input type="checkbox"/> Left handed				

MEDICAL RECORD - Continuation of SF 93 : Special - Aviation Applicant

CAUTION: Concealment of medical history will be reported to higher authority and may result in **PERMANENT DISQUALIFICATION. ALL POSITIVE RESPONSES REQUIRE ELABORATION ON THE REVERSE BY A FLIGHT SURGEON**

25. Have you ever been medically disqualified for any flight or other physical at any time? YES ☐ NO ☒
- a. If you were disqualified, do you have a waiver? YES ☐ NO ☐
26. Since your last physical or in the last 18 months, have you been sick, injured, consulted a physician, used medication (including over the counter), or been hospitalized for any reason? YES ☒ NO ☐
27. Have you ever used or experimented with drugs (other than medications prescribed for you by a physician to treat a specific medical condition) to include: cocaine, crack, hashish, marijuana, PCP (angel dust), barbiturates (downers), amphetamines (speed, uppers), heroin, LSD, steroids or any other substance considered illegal or dangerous drugs by the U.S. Government? YES ☐ NO ☒
28. Have you ever been evaluated for, or treated for any psychiatric problems, depression, stress, anxiety, nervous breakdown, schizophrenia, mania, psychosis, anorexia, bulimia, binge eating, self-induced vomiting, personality disorder or other mental illness, marital problems, or been told you had a learning disability? YES ☐ NO ☒
29. Have you ever used alcohol to excess resulting in: legal problems to include arrest for driving under the influence (DUI/DWI), absence from work or school, loss of job; impairment of health to include liver disease, ulcers, pancreatitis, blackouts (loss of memory), or marital problems? YES ☐ NO ☒
30. Have you ever been diagnosed or had any level of treatment for alcohol abuse or dependence? YES ☐ NO ☒
- a. What is your weekly consumption of alcohol? 0
31. Have you ever been told in the past that your uncorrected vision was worse than 20/20 in either eye? YES ☐ NO ☒
32. Do you wear or have you ever worn contact lenses? YES ☐ NO ☒
33. Have you ever had eye surgery or any operation or manipulation to correct poor vision such as radial keratotomy (RK), Photorefractive Keratectomy (PRK, ALK or LASIK), Orthokeratology (Ortho-K) or eye rubbing to reshape the cornea (clear part) ? YES ☐ NO ☒
34. Have you ever fainted, had vertigo (spinning dizziness), seizures, convulsions, or sustained a head injury resulting in loss of consciousness, loss of memory, concussion, or skull fracture? YES ☐ NO ☒
35. Have you ever had a migraine or other severe headache? YES ☐ NO ☒

PATIENT'S SIGNATURE

David A. ShipleDATE: 970305

PATIENT IDENTIFICATION

CONTINUATION SF 93 : Special - AVIATION APPLICANT

Name: Last _____

First DAVIDM.I. A

SSN: _____

Rank or Rate: SGT / E-5

Revised NOV 96

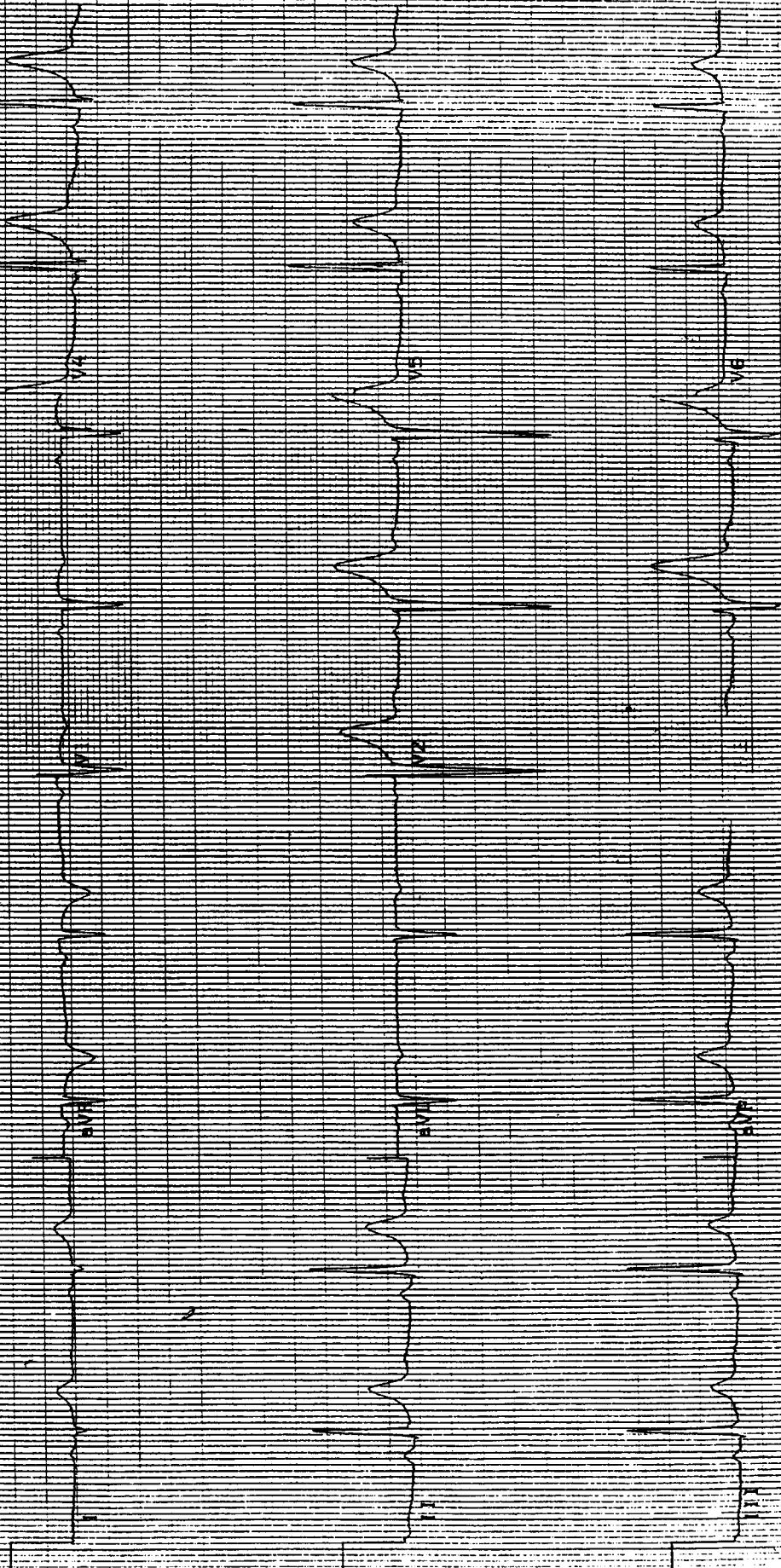
25mm/s
10mm/mV
100Hz
CAP0C 006B
12SLth V74

Med: None
24yr 72in 165lb
Sex: M Race: Cauc
PC: Routine PSQ: Out/OC
Med Ind:
Vent: 55 BPM
PR interval: 164 ms
QRS duration: 100 ms
QT/QTc: 432/410 ms
P-R-T axes: 56 94 55

NSR
good @ wave measurement

Unconfirmed

NO ST-T CHANGES
NO ST-T CHANGES
NO ST-T CHANGES



ANTHROPOMETRIC MEASUREMENTS

NAME 541 SSN 56
 PROGRAM SNA CANID COMMAND NROTC USD
 HEIGHT 72" WEIGHT 165 DATE 05 MAR 97

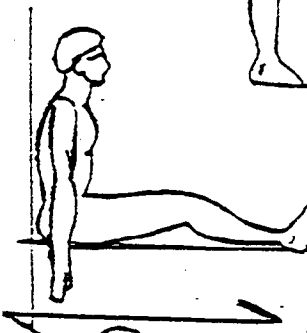


SITTING POSITION

Subject sits erect, looking forward and his feet rest on a surface so that his knees are bent at a right angle. Measure vertically from the sitting surface to top of the head.

Results:

38.3 inches Minimum: 32" Maximum: 41"

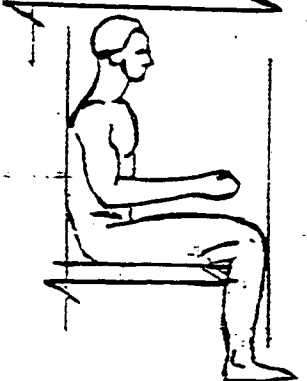


BUTTOCK LEG LENGTH

Subject sits erect with his buttocks against the wall and his leg extended as far as possible on the table. Touch the block against the base of the heel and record the distance from the wall as indicated on the scale laid off on the table top.

Results:

44.7 inches Minimum: 36" Maximum: 50"

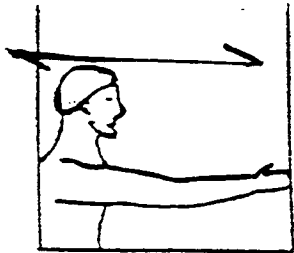


BUTTOCK KNEE LENGTH

Subject sits erect looking forward and his feet rest on a surface so that his knees are bent at a right angle. Measure the distance from the back of buttocks to front of kneecap.

Results:

24.4 inches Minimum: 21.9" Maximum: 28"



FUNCTIONAL REACH

Subject sits erect looking forward and his right arm is extended forward. Measure horizontal distance from back of shoulder to tips of thumb and forefinger pressed together.

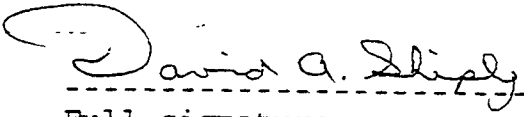
Results:

32.9 inches Minimum: 23"

Measured by: HM3(DV) GTIS

ENCLOSURE(3)

I CERTIFY THAT I
WEAR CONTACT LENSES YES ☒ NO
HAVE WORN CONTACT LENSES YES ☒ NO
AM AWARE THAT MY VISION
HAS BEEN WORSE THAN 20/20 YES ☒ NO
HAVE HAD EYE SURGERY YES ☒ NO



Full signature

David

Typed Name, SSN



DEPARTMENT OF THE NAVY
NAVAL AEROSPACE AND OPERATIONAL MEDICAL INSTITUTE
220 HOVEY ROAD
PENSACOLA, FLORIDA 32508-1047

IN REPLY REFER TO

1530
Code 41
01 Apr 98

LAST LEXINGTON AVE
EL CAJON CA 92019

Dear Applicant:


Your official test results are as follows:

Academic Qualification Rating (AQR):	6
Pilot Flight Aptitude Rating (PFAR):	7
Naval Flight Officer Flight Aptitude Rating (FOFAR):	7
Pilot Biographical Inventory (PBI):	8
Naval Flight Officer Biographical Inventory (FOBI):	4
Officer Aptitude Rating (OAR):	53
Date of Testing:	03 Mar 98
Test Administered by:	OSO San Diego, CA
Test Answer Sheet Serial Number:	0961177

The scores reported above are the official scores for the subject applicant. These scores supersede any previous scores that this applicant may have had. Current official scores will not expire but they will be replaced by new scores if the applicant retests. Applicants are eligible for retesting on the 31st day following the first test and on the 181st day for all subsequent tests.

Questions concerning the subject applicant's eligibility for specific officer accession programs should be directed to the cognizant authority for the particular program.

Questions concerning the accuracy of these results should be directed to the Operational Psychology Department at DSN 922-2516 or Commercial (850) 452-2516.

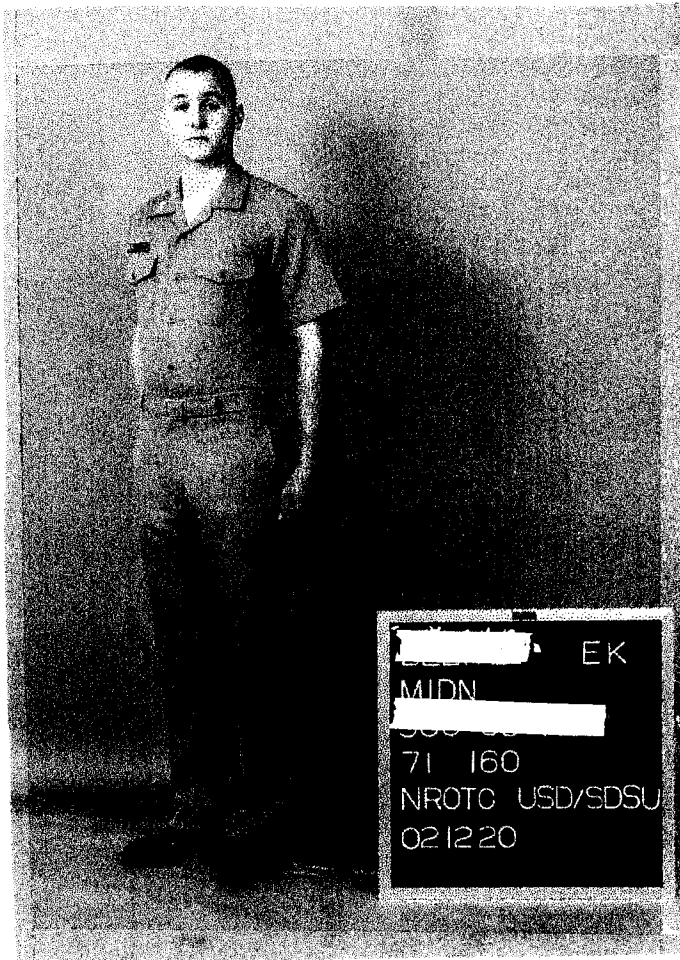

SEAN BIGGERSTAFF
Lieutenant, Medical Service Corps, USNR
United States Navy
By direction of
the Commanding Officer

ENCLOSURE(5)

INFORMATION SHEET (REQUEST FOR MARINE OPTION)

NROTC UNIT: University of San Diego/San Diego State		STATUS: <input type="checkbox"/> SCHOLARSHIP <input type="checkbox"/> FRESHMAN <input checked="" type="checkbox"/> JUNIOR <input type="checkbox"/> COLLEGE PROGRAM <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> SENIOR	
NAME: (last, first, middle) David Arthur.		SSN: _____	
SEX: <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH: (YYMMDD) 721205	
DATE APPOINTED MIDSHIPMAN: (YYMMDD) (SCHOLARSHIP ONLY)		DATE OF ENROLLMENT: (YYMMDD) (COLLEGE PROGRAM ONLY)	
ACADEMIC MAJOR: Business Administration		ACADEMIC GPA: (4.0 SCALE) 3.95	
NAVAL SCIENCE GPA: 4.00		APTITUDE GRADE: 5.0	
CRUISE APTITUDE GRADES:		SAT/ACT/EL SCORES: SAT 1190 EL 119	
MARINE PFT SCORE: 278		HEIGHT: 72"	
UNCORRECTED VISUAL ACUITY: 20/20		CORRECTED VISUAL ACUITY:	
EXTRACURRICULAR ACTIVITIES: Asst Scoutmaster, Treasurer-Home Owners Assoc. Board of Directors, Sunday School Teacher		ESTIMATED GRADUATION DATE: 000520	
IF DEPENDENT OF MARINE, PROVIDE FOLLOWING: <input type="checkbox"/> ACTIVE <input type="checkbox"/> INACTIVE		NAME (last, first, middle) _____	
ADDRESS: _____		CLASS STANDING: 1 OF 9	
_____		ESTIMATED BULLDOG YEAR: 1997	
_____		CLASS SWIMMER: WSQ	
_____		COLOR BLIND? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
<input checked="" type="checkbox"/> REQUIRED ARMS FORM IS PROVIDED AS ENCLOSURE (2) OF REQUEST <input checked="" type="checkbox"/> REQUIRED PHOTOGRAPH IS ATTACHED AS ENCLOSURE (3) OF REQUEST <input type="checkbox"/> CUMULATIVE ACADEMIC GPA COMPARES TO AVERAGE OF _____ ATTAINED BY STUDENTS IN COLLEGE/DEGREE PROGRAM			
MARINE OFFICER-INSTRUCTOR COMMENTS:			
<p>SSgt _____ is an excellent candidate for an aviation guarantee. SSgt _____ sets the example for all to follow in his academic and mental development with his 4.0 GPA for five semesters running. Maintains a high state of physical fitness and leads from the front. Performed his duties as MECEP Platoon Commander for the Semper Fidelis Society in an exemplary manner and is now serving as the Semper Fidelis Society President as well as the OIC for MECEP/OC orientation. Committed to helping others, he is actively involved in the community as an Assistant Scout Master and Sunday School teacher. SSgt _____ would be an asset to any organization. He is a true embodiment of our core values of honor, courage, and commitment. SSgt _____ is ready for duties of increased responsibility and is enthusiastically recommended for selection as a student naval aviator.</p>			
Verified: <i>Robert W. _____</i> <i>John M. _____</i>			

EXHIBIT (6)



Personal Info
Midshipman 3rd Class
NROTC USD/SDSU
Scholarship

PFT ✓
Pull-ups 16
Crunches 100
Run 22:59
Score 250

Height 71
Weight 160
Photo
Date 021220 ✓

ENCLOSURE(7)